2024 Scope of Sales Appointment Confirmation Form

A Scope of Appointment must be obtained at least 48 hours prior to a scheduled personal marketing appointment or meeting, except in two situations: (A) When a beneficiary requests an appointment within four days of the end of a valid election period, including the AEP (Annual Enrollment Period), OEP (Open Enrollment Period), SEP (Special Election Period), ICEP (Initial Coverage Election Period), or IEP (Initial Enrollment Period) for Part D, based on eligibility; and (B) When a beneficiary initiates an unscheduled in-person meeting.

The Centers for Medicare & Medicaid Services requires licensed agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the licensed agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below in the white box beside the type of product(s) you want the licensed Agent/Plan Representative to discuss.

	STAND-ALONE MEDICARE PRESCRIPTION DRUG PLANS (PART D)
	Medicare Prescription Drug Plan (PDP) A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service Plans, and Medicare Medical Savings Account Plans.
	MEDICARE ADVANTAGE PLANS (PART C) COST PLANS AND OTHER PLANS
	Medicare Health Maintenance Organization (HMO) Plan A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).
	Medicare Preferred Provider Organization (PPO) Plan A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals, but you can also use out-of-network providers, usually at a higher cost.
	Medicare Point of Service (POS) Plan A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.
	Medicare Private Fee-For-Service (PFFS) Plan A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions, and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.
	Medicare Special Needs Plan (SNP) A Medicare Advantage Plan that has a benefit package designed for people with special healthcare needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

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	MEDICARE ADVANTAGE PLANS (PART C) COST PLANS AND OTHER PLANS (CONTINUED)
	Medicare Medical Savings Account (MSA) Plan MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.
	Medicare Cost Plan In a Medicare Cost Plan, you can go to providers both in and out-of-network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare, but you will be responsible for Medicare coinsurance and deductibles.
	Dental/Vision/Hearing Products Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.
	Supplemental Health Products Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.
	Medicare Supplement (Medigap) Products Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

By signing this form, you agree to a meeting with a licensed sales agent to discuss the types of products you initialed above. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or automatically enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

_____ _____

Signature: **Signature Date:**

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

To be Completed by Licensed Agent/Plan Representative:

Licensed Agent/Plan Representative Name: _____

Licensed Agent/Plan Representative Phone: _____

Beneficiary Name: _____ Beneficiary Phone: _____

Beneficiary Address: _____

Initial Method of Contact (Indicate here if beneficiary was a walk-in.): _____

Licensed Agent's/Plan Representative's Signature: _____

Plan(s) the Agent Represented During this Meeting: _____

Date Appointment Completed: _____ Appointment ID: _____

Scope of Appointment documentation is subject to CMS record retention requirements.

Licensed Agent/Plan Representative: *if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:* _____